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I hereby revoke all previous powers of attorney given in the above-identified application.		
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I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFF statement under 37 CFR 3.73(b) is enclosed. (Form.		
SIGNATURE of Applicant or Assignee of Record		
Signature A A A		
Name Gregory J. Murgia		
Date 6/18/2007	Telephone 908-582-7109	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or the signature is required, see below*.	neir representative(s) are required. Submit multiple forms if more than one	
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Applicant/Patent Owner: R. C.Giles et al.		
Application No./Patent No.: 10/673701 Filed/Issue Date: September 29, 2003		
Entitled: System And Method For Optically Labeled Packet Transmission		
Lucent Technologies Inc. , a _corporation		
(Name of Assignee) (Type of Assignee, e.g., corporation, partnership, university, government aget	ncy, etc.)	
states that it is: 1. ☑ the assignee of the entire right, title, and interest; or		
an assignee of less than the entire right, title and interest (The extent (by percentage) of its ownership interest is%)		
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[NOTE: A separate copy (i.e., a true copy of the original assignment document(s)) must be submitted to Assignme Division in accordance with 37 CFR Part 3, to record the assignment in the records of the USPTO. See MPEI 302.09]	int P	
The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.		
6/18/2007		
) Signature Date		
Gregory J. Murgla 908-582-7109 Printed or Typed Name Telephone Numbe		
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Corporate Counsel Title		

This collection of information is required by 37 CFR 3.73(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentially is governed by 35 U.S. C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application from the USPTO. Time will vary depending upon the indical case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Clinic Information Officer.

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